City of Ocean Shores Application for Employment

CITY USE ONLY

City of Ocean Shores PO Box 909 Ocean Shores, WA 98569 (360) 289-3099

You must submit a separate Application for each position. Read the Position Opening Announcement to see if a Supplemental Questionnaire is required.

DO NOT submit a photograph of yourself.

The City of Ocean Shores is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other

basis prohibited by federal, state or local law.					
Complete all information from this point forward	l. An incomplete App	lication may disqualify ye	ou from furt	her considerati	on.
Applicant – Write the Position Title of the Job yo	u are applying for:				
Name					
(Last)		(First)	_	(Middl	e)
Address					
	City	State	Zip		_
Home Phone () Cell () Work	: <u>(</u>) E	mail		
Are you a U.S. citizen, or, do you have a Visa permitting you to work in the U.S.? (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.)	-	rer the age of 18? Yes] No		
Do you have, or can you obtain, a valid Washington St	ate Driver's License?	☐ Yes ☐ No			
Do you wish to claim Veteran's Preference for testing, 41.04.010? (Civil Service Positions Only)	pursuant to RCW	☐ Yes ☐ No			
TRAINING AND EDUCATION					
Highest Grade Completed: 8 9 10	11				
Colleges/Other Training	Subject/Major	Degree/Ce	rtificate	Date Comp	oleted
EQUIPMENT, OFFICE AND COMPUTER SKILLS					
Describe computer and other equipment operation skills. are applying.	include programs used, ty	ping speed & other informatio	n relevant to th	ne position for wh	ich you
CRIMINAL CONVICTION					
The City of Ocean Shores is mindful of its obligation to record as it relates to job performance. A conviction record your fitness for the job for which you have applied. A	cord will not disqualify y	you for employment unless	such record w	ould reasonably	
PROFESSIONAL REFERENCES (Do Not List Relati	ves)				
Name/Title	Employer		Phone Phone	()	
Name/Title	Employer		Phone	()	
Name/Title	Employer		Phone	()	
SIGNATURE IS REQUIRED					
To the best of my knowledge, the information herein is true and position for which I am applying, with or without reasonable acc have unsupervised access to children, developmentally disabled check as required by the Child/Adult Abuse Information Act. I receive a Conditional Offer of Employment for a position which understand that providing false information on this application i nothing in this application or my communications with any City and me.	commodation. I understand the persons, or vulnerable adult understand that I will be to requires a Commercial Driving grounds for disqualification.	at if I receive a Conditional Offers, the City of Ocean Shores is rested for the presence of drugs as er's License. I authorize investign and/or dismissal. If I am applying	of Employmen quired to compl part of the pre- ation of all state ag for an exemple	t for a position when ete a thorough back employment screer ments in this applic position, I understa	re I will kground ning if I ation. I and that

Date

Signature

WORK HISTORY	7

Beginning with your present or most recent employment, list your work/experience history for the last 10 years or experience prior to that time which is directly related to the position for which you are applying. Attach additional sheets as necessary. Be sure to include any non-paid experience which is related to the job for which you are applying. Complete the following sections even if you are submitting a resume in addition to this application. An incomplete application may disqualify you. If you have been known by a different name by any of these employers, please identify the employer and state the name here :

Employer's Name	From	Mo/Year	То	Mo/Year
Address	Supervisor			
Phone	Hours Worked	Per Week		
Position	Start Salary			
Number Of Employees Supervised By You	Last Salary			
Reason For Leaving				
Primary Duties				
Employer's Name	From	Mo/Year	To	Mo/Year
Address	Supervisor			
Phone	Hours Worked	Per Week		
Position	Start Salary	Ter week		
Number Of Employees Supervised By You	Last Salary			
Reason For Leaving	Last Salar y			
Primary Duties				
Timaly Duties				
E!- N	E	Mo/Year	Т-	Mo/Year
Employer's Name	From		_ To	
Address	_ Supervisor			
Phone	_ Hours Worked	Per Week		
Position	_ Start Salary	-		
Number Of Employees Supervised By You	Last Salary	-		
Reason For Leaving				
Primary Duties				
		Mo/Year		Mo/Year
Employer's Name	From		_ То	
Address	Supervisor	-		
Phone	Hours Worked	Per Week	-	
Position	Start Salary			
Number Of Employees Supervised By You	Last Salary			
Reason For Leaving				
Primary Duties				

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AUTHORIZATION TO RELEASE EMPLOYMENT RECORDS

References will only be checked for finalists.

Current and/or prior employers will only be contacted after an applicant has been

notified that they are a finalist.

I certify that the information given by me to the City of Ocean Shores is true and complete

to the best of my knowledge. I understand that falsification of this application will be grounds for

elimination from further consideration or, if employed, may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be

considered in conflict with City of Ocean Shores interest or those of its clients, nor will I become

engaged in such activity or business if employed.

I, the undersigned applicant for employment with the City of Ocean Shores, in

consideration of the review of my employment application, do authorize the City of Ocean Shores

to solicit information regarding my character, general reputation, previous employment, and similar

background information, and to contact any and all references I have given on my application. I

hereby release all parties and persons connected with any such request for information from all

claims, liabilities, and damages for any reason arising out of the furnishing of such information. If

employed, I release the City of Ocean Shores from any liability for future references it may provide

regarding my work history at the City of Ocean Shores.

If employed, I further agree that if I lose, damage, or fail to return any of the property of the

City of Ocean Shores, the City of Ocean Shores is authorized to deduct from my wages sufficient

funds to replace its property.

It is my intention that any copy of this authorization be as effective as the original.

Date	 		
Name (Please Print)			
Signature			

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DRIVING RECORD

(To be completed with application)

Print	Last	First	MI
List all notices received in the	of infractions or traffic citations past 5 years.	s (other than parking ticket	s) which you have
State	Month/Year	Type of	Infraction
will, however, o	itations will not necessarily remove consider your driving record when r	making employment decisions	
will, however, o	-	making employment decisions the best of my knowledge.	I understand that

Finalists, upon notification that references will be checked, will be required to submit a copy of their driving abstract. Driving abstracts may be obtained at any Washington State Department of Licensing branch office for a small fee. Other states may have different procedures. This fee is at the Finalist's own expense.

City of Ocean Shores Driving Standards:

Applicants for positions in which the employee is expected to operate a motor vehicle must be at least 18 years old and will be required to present a valid Washington State driver's license with any necessary endorsements. Driving records of applicants may be checked. Applicants will be disqualified under the following circumstances:

Violations

More than two moving traffic violations within the preceding three years; or reckless driving violation within the preceding five years; or driving while intoxicated within the preceding five years.

• Accidents

More than one motor vehicle accident within the preceding three years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of "guilty" or "nolo contendere."

Are you a former or current City of Ocean Shores Emp	loyee?
Yes No If Yes, please tell us:	
When you worked	
Department	
Position Title	
Supervisor	
Having a relative employed by the City of Ocean Shores	s will not necessarily bar you from employment.
If yes, Please list their name/s and relationship/s	
Please tell us how you learned of this opening by circlin	g the number of the source
 Local Media City of Ocean Shores Website Internet (general) Jobs Available AWC Job Net Municipal Office Library 	 School/College Friend/Relative City of Ocean Shores Employee Professional Publication/Internet Site Law Enforcement Digest Public Safety Testing Other
APPLICATION ASSEMBLY and HIRING PROC	FCC.
Assemble application materials in this order: 1: C	
Work History, 3: Supplemental Questionnaire (if req	

Assemble application materials in this order: 1: City of Ocean Shores Application Front Page, 2: Work History, 3: Supplemental Questionnaire (*if required*), 4: Authorization To Release Employment Records, 5: Driving Record. 6: The following optional items may follow in this order: cover letter, resume, reference list, etc. Please make 7: this sheet the LAST PAGE. Staple everything together in the top left corner.

Those applicants who submit a <u>complete and timely</u> application and are invited to participate in the testing and/or interview stages of the selection process will be notified by phone, email, or mail. Those who are not will be notified by mail. Incomplete or late applications will not receive notification. Application screening is scheduled to begin on the first business day following the closing date and may take 5-10 business days.

Thank you for considering us as your prospective employer.